2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# P03000008338

Entity Name: GUTTMANN, INC.

Current Principal Place of Business:

11350 NW 25 TH
SUITE # 100
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

11350 NW 25 TH
SUITE # 100
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 20-0279257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSE R. GOMEZ CPA PA
1400 SW 27 AVE #102
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ZAMBRANO, RAFAEL
Address: 1865 BRICKELL AVE, APT 1813-A
City-St-Zip: MIAMI, FL 33129 US

Title: VD ( ) Delete
Name: ZAMBRANO, ELIAS
Address: 1865 BRICKELL AVE, APT 1813-A
City-St-Zip: MIAMI, FL 33129 US

Title: D ( ) Delete
Name: HUMBERTO, ALTUVE-GODOY
Address: 11350 NW 25 ST., #100
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: MILAGROS, GARCIA
Address: 11350 NW 25 STREET, #100
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL ZAMBRANO PSD 02/15/2007

Electronic Signature of Signing Officer or Director Date